

MAR 10 2025

Fill in this information to identify your case:

Debtor 1: **MICHAEL JUSTIN SCOTT**  
First Name Middle Name Last Name  
Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: **Western District of North Carol**  
Case number **25-40054**  
(If known)

FILED Christine F. Winchester, Clerk  
U.S. Bankruptcy Court, Charlotte Division  
Western District of NC

MAR 10 2025

Christine F. Winchester, Clerk  
Charlotte Division

☐ Check if this is an amended filing

Official Form 103B

**Application to Have the Chapter 7 Filing Fee Waived**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: Tell the Court About Your Family and Your Family's Income**

**1. What is the size of your family?**

Your family includes you, your spouse, and any dependents listed on Schedule J: Your Expenses (Official Form 106J).

Check all that apply:

- ☒ You  
☐ Your spouse  
☐ Your dependents

How many dependents?

Total number of people

**2. Fill in your family's average monthly income.**

Include your spouse's income if your spouse is living with you, even if your spouse is not filing.

Do not include your spouse's income if you are separated and your spouse is not filing with you.

Add your income and your spouse's income. Include the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

If you have already filled out Schedule I: Your Income, see line 10 of that schedule.

That person's average monthly net income (take-home pay)

You ..... \$ 0

Your spouse .... + \$

Subtotal ..... \$ 0

Subtract any non-cash governmental assistance that you included above.

— \$ 0

**Your family's average monthly net income**

Total ..... \$ 0

**3. Do you receive non-cash governmental assistance?**

- ☒ No  
☐ Yes. Describe.....

Type of assistance

**4. Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?**

- ☐ No  
☒ Yes. Explain.....

Anticipate re-employment in the near future

**5. Tell the court why you are unable to pay the filing fee in installments within 120 days.** If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them.

I am currently unemployed and unable to make any financial commitments.

Debtor 1

MICHAEL JUSTIN SCOTT

First Name Middle Name Last Name

Case number (if known)

**Part 2: Tell the Court About Your Monthly Expenses**

**6. Estimate your average monthly expenses.**

Include amounts paid by any government assistance that you reported on line 2. \$ 1739.96

If you have already filled out *Schedule J, Your Expenses*, copy line 22 from that form.

**7. Do these expenses cover anyone who is not included in your family as reported in line 1?**

☒ No  
☐ Yes. Identify who.....

**8. Does anyone other than you regularly pay any of these expenses?**

☒ No  
☐ Yes. How much do you regularly receive as contributions? \$ \_\_\_\_\_ monthly

If you have already filled out *Schedule I: Your Income*, copy the total from line 11.

**9. Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?**

☒ No  
☐ Yes. Explain .....

**Part 3: Tell the Court About Your Property**

If you have already filled out *Schedule A/B: Property (Official Form 106A/B)* attach copies to this application and go to Part 4.

**10. How much cash do you have?**

Examples: Money you have in your wallet, in your home, and on hand when you file this application

Cash: \$ \_\_\_\_\_

**11. Bank accounts and other deposits of money?**

Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.

	Institution name:	Amount:
Checking account:	_____	\$ _____
Savings account:	_____	\$ _____
Other financial accounts:	_____	\$ _____
Other financial accounts:	_____	\$ _____

**12. Your home? (if you own it outright or are purchasing it)**

Examples: House, condominium, manufactured home, or mobile home

Number	Street	Current value:	\$ _____
City	State	Amount you owe on mortgage and liens:	\$ _____
	ZIP Code		

**13. Other real estate?**

Number	Street	Current value:	\$ _____
City	State	Amount you owe on mortgage and liens:	\$ _____
	ZIP Code		

**14. The vehicles you own?**

Examples: Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats

Make:	_____	Current value:	\$ _____
Model:	_____	Amount you owe on liens:	\$ _____
Year:	_____		
Mileage:	_____		
Make:	_____	Current value:	\$ _____
Model:	_____	Amount you owe on liens:	\$ _____
Year:	_____		
Mileage:	_____		

Debtor 1 MICHAEL JUSTIN SCOTT Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**15. Other assets?** Describe the other assets: Current value: \$ \_\_\_\_\_  
 Do not include household items and clothing. Amount you owe on liens: \$ \_\_\_\_\_

**16. Money or property due you?** Who owes you the money or property? How much is owed? Do you believe you will likely receive payment in the next 180 days?  
 Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery  
 \$ \_\_\_\_\_ ☐ No  
 \$ \_\_\_\_\_ ☐ Yes. Explain:  
 \_\_\_\_\_

**Part 4: Answer These Additional Questions**

**17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules?** ☒ No ☐ Yes. Whom did you pay? Check all that apply: How much did you pay?  
☐ An attorney \$ \_\_\_\_\_  
☐ A bankruptcy petition preparer, paralegal, or typing service  
☐ Someone else \_\_\_\_\_

**18. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?** ☒ No ☐ Yes. Whom do you expect to pay? Check all that apply: How much do you expect to pay?  
☐ An attorney \$ \_\_\_\_\_  
☐ A bankruptcy petition preparer, paralegal, or typing service  
☐ Someone else \_\_\_\_\_

**19. Has anyone paid someone on your behalf for services for this case?** ☒ No ☐ Yes. Who was paid on your behalf? Check all that apply: Who paid? Check all that apply: How much did someone else pay?  
☐ An attorney ☐ Parent \$ \_\_\_\_\_  
☐ A bankruptcy petition preparer, paralegal, or typing service ☐ Brother or sister  
☐ Someone else \_\_\_\_\_ ☐ Friend  
☐ Pastor or clergy  
☐ Someone else \_\_\_\_\_

**20. Have you filed for bankruptcy within the last 8 years?** ☒ No ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM/ DD/ YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM/ DD/ YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM/ DD/ YYYY

**Part 5: Sign Below**

By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct.

\* Michael Justin Scott \* \_\_\_\_\_  
 Signature of Debtor 1 Signature of Debtor 2  
 Date 03/10/2025 Date \_\_\_\_\_  
 MM / DD / YYYY MM / DD / YYYY